General	Instru	ctions							
	1. This	docume	nt provide	es the lis	st of all th	ne fields that are applicable f	or bulk filing. Refer to the directions for each section to find out which fields are required	and which	are optional.
						ld should be populated (e.g.			
	Element							N	laps To
Schema	Parent	Child	Grand child	Great- grand child	Great- great- grand child	Great-great-grand child	Contents/Reject Rules	Form Id	Source Field for this data:
DORTrans	smission	•	•	•	•		All the fields listed below in the IDORTransmission Section are required. Any additional fields that are in the schema header are not required.		
	Count						This is an attribute and the value should always be "1".		Constant
	xsmnSch	emaVers	sion				This is an attribute and the value should always be "IDORSpecialTaxTransmission2014V1.0".		Constant
	Transmis						Must be the DOR assigned vendor code (VendorCd) concatenated with the Julian Date concatenated with a six digit unique identifier, generally sequential.		
	VendorCo						DOR will provide this code during the Bulk File registration and certification process.		Constant
	ProcessT	, .					T for TEST or P for Production file.		Constant
	ReturnSt								_
			hemaVers				This is an attrribute and the value should always be "IDORSpecialTax2014V1.0"		Constant
		Returni	HeaderSta		1		T 01 ( 01 ) 0   1   1   1   1   1   1   1   1   1		2
			Jurisdicti TimeStar				Two Character State Code = IN  Date/Time Stamp of the transmission. All Timestamps should look like this: YYYY-MM-DDTHH:MM:SSZ. The embedded "T" and "Z" are required. Use the System Time of your job to set it		Constant
			TaxPerio	dBeginD	ate		The first day of the period month being filed. Format is YYYY-MM-DD. Example: For an October 2014 return this element would be 2014-10-01.	CIG-TS	Tax Period being filed.
			TaxPerio	dEndDat	e		The first day of the period month being filed. Format is YYYY-MM-DD. Example: For an October 2014 return this element would be 2014-10-31.	CIG-TS	Tax Period being filed.
			TaxYear				YYYY format will contain the tax year being processed. Example: 2014	CIG-TS	Tax Year being filed.
			Preparer						
				Name			Name of person who approves this electronic submission.  The SSN or the PTIN of the person who approves this electronic submission.		
				SSN or	PTIN		You are not required to put an individual's SSN. You are permitted to put any 9 numbers. For example, "111111111." Do not include hyphens.		
				Phone			The phone number of the person who approves this electronic submission. Do not include hyphens.		
				EmailAd	ddress		The email address of the person who approves this electronic submission.		
			Originato						
				EFIN	ļ		"123456"		Constant
			0.6	Туре			"ERO"		Constant
			Software	ld			"SUBMITTER"		Constant

	Element							N	Maps To		
Schema	Parent		Grand child	Great- grand child		Contents/Reject Rules	Form Id	Source Field for this data:			
			ReturnTy	фе			"CIGTS"	CIG-TS	Constant		
			Filer								
				Busines	sEntity						
					FEIN		Federal ID number of taxpayer. Do not include hyphens.				
					Entity N	ame					
						BusinessNameLine1	The entity name as it appears on the Indiana Alcoholic Beverage Permit. The XML will not accept the following special characters: comma (,), period (.), semi-colon (;), colon (:), plus sign (+), and equal sign (=).				
				Address							
					USAddr	ess					
						AddressLine1	Business street address (physical address)				
						City	City (physical address)				
						State	State (physical address)				
						ZipCode	Zip (physical address)				
				StateId			Ten digit Indiana Taxpayer ID code.	CIG-TS	Taxpayer Identification Number		
				LocNbr			Three digit Indiana business location code.				
			EmailAdo	dress			Provide the email address of the person DOR should contact if there is a problem with this electronic submission.				
			FilingMet	hodCd			"ELF"		Constant		
			ReturnSo	ourceCd			"FTP"		Constant		
			InputSou		dCd		"BULK"		Constant		
			FormVer	sionCode	1	•	"0614"	CIG-TS	CIG-TS Form Create Year/Month		
			TaxType	Cd			"CIG"		Constant		
			Submiss	ionld			Submission Id is generated by using the following format: Prefix of T for Test file or P for Production file, Followed by Department assigned id number plus six digit unique sequence number.				
		ReturnE	DataState								
			FormCIG	TS							
				CIGTSP	urchased	dSoldSection	If you have a ReturnFilingType of "O" or "A", please follow the directions below to determine the value of each field.  If you have no activity to report for the month (i.e. a ReturnFilingType of "ONA" or "ANA"), then do not include CIGTSPurchasedSoldSection in your transmission.				
		1	<del> </del>	1	CIGTSF	PurchasedSoldRepeatSection			1		

	Element							l 1	Maps To
Schema	Parent	Child	Grand child	Great- grand child	Great- great- grand child	Great-great-grand child	Contents/Reject Rules	Form Id	Source Field for this data:
						DocumentDate	The date as provided on the vendor's document. When multiple dates are listed, the document date is the date the product is picked up by the carrier for delivery.	CIG-TS	Document Date
						DocumentNumber	The Vendor's number as provided on the document.	CIG-TS	Document Number
						DocumentType	Valid codes are: "C" = Confirmation, "I" = Invoice, "O" = Other, "PO" = Purchase Order, "CM" = Credit Memo, "A" = Affidavit, "RG" = Returned Goods Authorization	CIG-TS	Document Type
						PurchaserSellerType	Valid codes are:  "D" = Distributor; "DS" = Delivery Seller; "G" = Government; "MF" = Manufacturer; "MT" = Military; "N" = Native; "O" = Other; "R" = Retailer; "S" = Sub-jobber; "T" = Inter-Branch Transfer; "W" = Wholesaler	CIG-TS	Purchaser / Seller Type
						PurchaserSellerName	Name of entity purchased from or sold to.	CIG-TS	Purchaser / Seller Name
						PurchaserSellerAddress	The physical address of entity purchased from or sold to. Do not use post office box information.	CIG-TS	Street Address
						PurchaserSellerCity	The city of entity purchased from or sold to.	CIG-TS	City
						PurchaserSellerCountry	The country of entity purchased from or sold to.	CIG-TS	Country
						PurchaserSellerState	The state of entity purchased from or sold to.	CIG-TS	State
						PurchaserSellerZip	The zip code of entity purchased from or sold to.	CIG-TS	Zip Code
						PurchaserSellerFEIN	The federal employer identification number of entity purchased from or sold to.	CIG-TS	FEIN
						PurchaserSellerTaxIDNum	The state specific taxpayer identification number of entity purchased from or sold to.	CIG-TS	Taxpayer Identification Number
				CIGTST		nSection	If you have a ReturnFilingType of "O" or "A", please follow the directions below to determine the value of each field.  If you have no activity to report for the month (i.e. a ReturnFilingType of "ONA" or "ANA"), then do not include CIGTSTransactionSection in your transmission.		
					CIGTST	ransactionRepeatSection			
						DocumentNumber	The Vendor's number as provided on the document. This should be the same as "DocumentNumber" in CIGTSPurchasedSoldSection.	CIG-TS	Document Number
						TransactionStatus	Valid codes are:  "T" = Taxed; "U" = Untaxed; "O" = Other	CIG-TS	Transaction Status Code
						TransactionType	Valid codes are:  "P" = Purchase; "S" = Sale; "C" = Credit; "O" = Other	CIG-TS	Transaction Type Code
						Price	Sales price of the cigarettes. This field applies only to delivery sellers.	CIG-TS	Price
						TaxJurisdiction	The State abbreviation where the cigarettes were sold or received.	CIG-TS	Tax Jurisdiction

	Element	Element										
Schema		Child	Grand child	Great- grand child	Great- great- grand child	Great-great-grand child	Contents/Reject Rules	Form Id	Source Field for this data:			
						UPCNumber	The Universal Product Code (UPC) assigned to the product brand.	CIG-TS	UPC Number			
						UnitOfMeasure	UPC's Unit of Measure (UOM)  Valid codes are:  "CAR" = Carton; "CAS" = Case; "OTH" = Other; "PAK" = Pack	CIG-TS	UPC's Unit of Measure			
						ProductType	Valid codes are:  "C" = Cigarette; "LC" = Little Cigar; "OT" = Other	CIG-TS	Product Type			
						Quantity	Quantity of the product for this transaction.	CIG-TS	Quantity			
						Manufacturer	Manufacturer of the product for this transaction.	CIG-TS	Manufacturer			
						Brand	Brand name for the product for this transaction. This should agree with UPCNumber.	CIG-TS	Brand			
						TotalCigarettes	Total number of cigarette sticks for this transaction.	CIG-TS	Total Cigarettes			
				CIGTSD	eliverySe	ection	If you have a ReturnFilingType of "O" or "A", please follow the directions below to determine the value of each field.  If you have no activity to report for the month (i.e. a ReturnFilingType of "ONA" or "ANA"), then do not include CIGTSDeliverySection in your transmission.					
					CIGTSD	DeliverySectionRepeatSection						
						DocumentNumber	The Vendor's number as provided on the document. This should be the same as "DocumentNumber" in CIGTSPurchasedSoldSection.	CIG-TS	Document Number			
						DeliveryName	Company name of delivery service.	CIG-TS	Name			
						DeliveryAddress	Location address of delivery service.	CIG-TS	Street Address			
						DeliveryCity	City of delivery service.	CIG-TS	City			
			1	1	1	DeliveryState	State of delivery service	CIG-TS	State			
						DeliveryZIP	Zip code of delivery service.	CIG-TS	Zip			
						DeliveryCountry	Country of delivery service.	CIG-TS	Country			
						DeliveryPhoneNumber	Phone number of delivery service.	CIG-TS	Telephone Number			
				CIGTSReturnSection  ReturnFilingType			All the fields in CIGTSReturnSection are required. If you have no activity to report for the month you must specify either "ONA" or "ANA" for the ReturnFilingType. You must also enter zeros (0) in all fields. Otherwise the file be rejected.					
							Return Filing Type  Valid codes are: "O" = Original, "A" = Amended, "ONA" = Original - No Activity, "ANA" = Amended - No Activity		Constant			

	Element							IV	laps To	
Schema	Parent	Child	Grand child	Great- grand child	Great- great- grand child	Great-great-grand child	Contents/Reject Rules	Form Id	Source Field for this data:	
Revisio	ns:									
9/15/2014										
<ol> <li>Change</li> </ol>	d Instruction	on #1 (R	ow 2).							
<ol><li>Deleted</li></ol>	Instruction	ns #3 an	d #4.							
<ol><li>Added of</li></ol>	content to I	IDORTra	ansmissior	n (Row 7)	in Conte	nts/Reject Rules column.				
<ol><li>Change</li></ol>	d content	to SSN o	or PTIN (R	ow 23) in	Content	s/Reject Rules column.				
						ct Rules column.				
<ol><li>Change</li></ol>	6. Changed content to FEIN (Row 33) in Contents/Reject Rules column.									
7. Changed content to BusinessNameLine1 (Row 35) in Contents/Reject Rules column.										
8. Added	8. Added content to CIGTSPurchasedSoldSection (Row 53) in Contents/Reject Rules column.									
				,		in Contents/Reject Rules colum				
10. Added	10. Added content to CIGTSDeliverySection (Row 81) in Contents/Reject Rules column.									

11. Added content to CIGTSReturnSection (Row 91) in Contents/Reject Rules column.